#### **APPLICATION DATA SHEET**

68 838

### **CUSTOMER NUMBER 27792**

## **Application Information**

Application number::	
Filing Date::	
Application Type::	U.S. NATIONAL
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	REORDERING DATA BETWEEN A FIRST PREDEFINED ORDER AND A SECOND PREDEFINED ORDER WITH SECONDARY HARDWARE
Attorney Docket Number::	MICR0456
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5 .
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

#### **Applicant Information**

Applicant Authority Type:: Inventor

**Primary Citizenship** 

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US

Country:: Status::

Full Capacity

Given Name::

**MICHAEL** 

Middle Name::

P.

Family Name::

**FOLEY** 

Name Suffix::

City of Residence::

**BERKELEY** 

State or Province of

**CALIFORNIA** 

Residence::

Country of Residence::

US

Street of mailing address::

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State or Province of

**CALIFORNIA** 

mailing address::

US

Country of mailing

address::

Postal or Zip Code of

mailing address::

94705

**Correspondence Information** 

**Correspondence Customer** 

27792

Number ::

ain + }

Name::

Thomas R. Marquis

Street of mailing address::

Law Offices of Ronald M. Anderson

600 108th Avenue N.E. Suite 507

City of mailing address::

Bellevue

State or Province of mailing

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address::

Country of mailing address::

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Postal or Zip Code of mailing

98004

address::

Phone number::

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thomasm@lawofficesrma.com

Representative Information

Representative Customer	Registration No.	
Number::	46900	

**Domestic Priority Information** 

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information** 

Country::	Application number::	Filing Date::	Priority Claimed::

# **Assignee Information**

Assignee name::

Microsoft Corporation

Street of mailing

One Microsoft Way

address::

City of mailing address::

Redmond

State or Province of

Washington

mailing address::

Postal or Zip Code of

mailing address::

98052